

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013693

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3547

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis-Little Rock
Hospitals, Inc.Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 4570 Easton (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
(Mrs) Elizabeth Payne4. DATE OF DEATH Month Day Year
March 25 1963

5. SEX

Female

6. COLOR OR RACE

Colored

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-24-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Newton, Mississippi

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John C. Dickson

13b. MOTHER'S MAIDEN NAME

Margaret

14. NAME OF HUSBAND OR WIFE

Husband- Jacob B. Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates or

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

J. B. Payne 4570 Easton

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho pneumonia, Influenza

INTERVAL BETWEEN
ONSET AND DEATH

4 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diabetes Mellitus

2 yrs.

DUE TO (c)

Parkinsons Syndrome

PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I

Rheumatoid Arthritis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☒ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

480X

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 17, 1963 to March 25, 1963 and last saw her alive on March 25, 1963

Death occurred at 11.45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Masas Oshroth MD

22b. ADDRESS

1755 So. Grand Blvd

22c. DATE SIGNED

3-26-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Mar 30, 1963

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

E. B. Boone

ADDRESS

1221 N. Grand Blvd

25. DATE RECD. BY LOCAL REG.

MAR 27 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver E Crumbl

Licensed Embalmer No. 5185

P. O. Address 1221 W Grand Avenue,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.